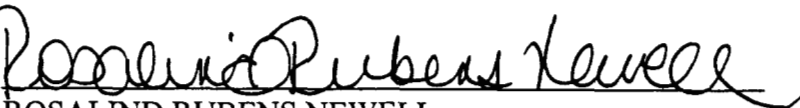


Entered - 5-19-00 - sb
CL 00L0298 - GWENDOLYN BURNS

CLAIM OF: SOUTHERN COMM. AND CABLE
5955 Jimmy Carter Boulevard
Norcross, Georgia 30071

For vehicular damages alleged to have been sustained from an
automobile accident on March 28, 2000 at 1745 MLK Drive.

THIS ADVERSED REPORT IS
APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0298

Date: July 20, 2000

Claimant /Victim SOUTHERN COM & CABLE
BY: (Atty) (Ins. Co.) _____
Address: 5955 Jimmy Carter Boulevard, Norcross, Georgia 30071
Subrogation: _____ Claim for Property damage \$ 5,455.04 Bodily Injury \$ _____
Date of Notice: 4/26/00 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 _____ X Ante Litem (6 Mo.) _____ X
Date of Occurrence 3/28/00 Place: 1745 Martin Luther King Jr. Drive
Department PUBLIC WORKS Division Solid Waste Services
Employee involved Richard Holland Disciplinary Action: _____

NATURE OF CLAIM: Claimant's vehicle sustained damage when it was rear ended by a city sanitation vehicle.
However, the claimant has failed to pursue its claim.

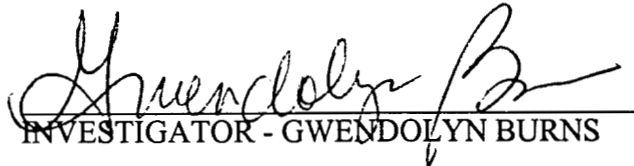
INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police X Dept Report _____ Other _____
Traffic citations issued: City Driver X Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____
City not involved _____ Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned X

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 11-17-00
Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
CLERK OF COUNCIL
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date:

4/21/2000

BURNS

05/17/00

du

Dear Clerk of Council:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 5435.04 property and/or \$ unknown to date bodily injury for which I contend the City is liable.

1. Date of incident: 3/28/2000
(month/day/year)

2. Police called: Yes
(Yes) No

3. Location of incident: 1745 MCK DR ATL

4. Name of your insurance company: GA Policy No. GA09863846

5. State what and how incident occurred: South car veh stopped at light
State vehicle rear ended vehicle

6. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

7. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: 2000 Chevy Van DR at 101761560X 1105/19
(make) (year) (tag number) (driver's name) Derrick Matthews

City vehicle: 1990 Dump truck James E. Hilland
(make) (City driver's name) (department/bureau)

8. Witness: NA
(name) (address) (telephone number)

9. The acknowledgement of this claim in no way waives the Governmental immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

10. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

South car Cable +
(claimant's name)
Derrick Matthews
5555 Jimmy Carter Blvd Ste 120C
(address)

00-R-1933

Atlanta GA 30071
(city and state)
404-787-1740
(work number) (home number)
(678) 421-0100